

Todd Schmitz Deputy Clerk

Carmella Sabaugh

Macomb County
Clerk/Register of Deeds

Betty A. Oleksik Deputy Register of Deeds

July 6, 2006

Fouts Lies To You FLY 5960 Fourteen Mile Warren, MI 48092

Dear Committee:

Effective in July, a report detailing campaign finance fees owed by committees will be available to the public on my web site. As a courtesy, I wanted to give you the opportunity to pay your fees before the information is posted on the web.

Our records indicate that your committee, #136916 - Fouts Lies To You FLY, currently owes a total of \$1,000.00.

Checks or money orders should be made payable to *Macomb County Clerk*. For your convenience, I am enclosing a form that may be used for credit card payments and can either be mailed or faxed back to us. Our fax number is (586) 469-6927 and our mailing address is: Macomb County Clerk, Election Dept., 40 North Main, Mount Clemens, MI 48043.

If you have any questions about this information, please feel free to contact the Election Department of my office at (586) 469-5209. Thank you.

Yours truly,

Carmella Sabaugh

Macomb County Clerk/Register of Deeds

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Clerk's Office 40 N. Main St. Mount Clemens, MI 48043 586-469-5120 Fax: 586-783-8184

http://www.macombcountymi.gov/clerksoffice clerksoffice@macombcountymi.gov Fax-on-Demand Michigan: 1-888-99-CLERK Out-of-State: 310-575-5035 Register of Deeds 10 N. Main St. Mount Clemens, MI 48043 586-469-5175 Fax: 586-469-5130

http://www.macombcountymi.gov/registerdeeds registerdeeds@macombcountymi.gov

MACOMB COUNTY ELECTIONS DEPARTMENT CAMPAIGN FINANCE FEE PAYMENT FAX SHEET

FAX THIS FORM TO ELECTIONS AT 586-469-6927

Name of Committee:		
Contact Name:		
Address:		
City:	State:	Zip:
Daytime phone:	E-mail:	
Document(s) payment is for:		
I authorize the Macomb County Elec \$00 for Campaign Final	tions Department t nce Fees owed by	to charge my credit card up to the committee stated above.
PAYM	IENT INFORMATION	ON
Type of credit card being used: Visa MasterCard		older name (please print):
American Express Discover		older signature (REQUIRED):
Date:		
Credit card number:		
Credit card number:		Expiration date:

FORM CAN ALSO BE MAILED TO: Macomb County Clerk Election Department 40 North Main Street Mount Clemens, MI 48043 For copies of this form or other forms call:
888-99-CLERK (888-992-5375)
Out of Michigan call: 310-575-5035
This form is document #6720
A complete listing of forms is document #1
For help completing this form call
586-469-5209

You may view outstanding Campaign Finance balances at http://campaignfinance.macombcountymi.gov/

FAX THIS FORM TO: 586-469-6927

The County Clerk's Office copy of this form will be destroyed after processing.

Fax-on-Demand Doc #6720 Rev. 06/06